

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000081108

FILED
Apr 20, 2009
Secretary of State

Entity Name: BOCA LAKE RETAIL, INC.

Current Principal Place of Business:

433 CALIFORNIA STREET 7TH FLOOR
SAN FRANCISCO, CA 941042011

New Principal Place of Business:

Current Mailing Address:

433 CALIFORNIA STREET 7TH FLOOR
SAN FRANCISCO, CA 941042011

New Mailing Address:

FEI Number: 91-1854371 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMES, COUNIHAN
C/O SHERATON STE'S ORLANDO AIRPORT
7550 AUGUSTA NATIONAL DRIVE
ORLANDO, FL 328225020 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LUI, LAWRENCE
Address: 433 CALIFORNIA STREET 7TH FLOOR
City-St-Zip: SAN FRANCISCO, CA 941042011

Title: D () Delete
Name: CARTER, ANTONY
Address: 433 CALIFORNIA STREET 7TH FLOOR
City-St-Zip: SAN FRANCISCO, CA 941042011

Title: S () Delete
Name: WEIBLE, JOYCE M
Address: 433 CALIFORNIA STREET, 7TH FL
City-St-Zip: SAN FRANCISCO, CA 94104

Title: T () Delete
Name: EVANS, JAMES E M
Address: 433 CALIFORNIA STREET 7TH FL
City-St-Zip: SAN FRANCISCO, CA 941042011

Title: D () Delete
Name: GORRETTI, LUI
Address: 433 CALIFORNIA ST 7TH FL
City-St-Zip: SAN FRANCISCO, CA 941042011

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOYCE M. WEIBLE

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04/20/2009

Electronic Signature of Signing Officer or Director

_____ Date